

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ **Psychology**
 ☐ Practicum
 ☐ Clerkship/Internship
 ☐ Externship
☒ **Social Work**
 ☒ Specialization: Older Adults Services
 ☐ Macro/Administrative
☐ **MFT**
☐ **Occupational Therapy**
☐ **Other** (specify): _____

Service Areas

3, 4, 5, 6, 7,
8

DMH Agency:	Genesis-FACTS Older Adult Services
DMH Agency Address:	550 S. Vermont Avenue, 6th floor LA, CA. 90020 150 W. 7 th St., 2 nd Floor San Pedro, CA 90731
Agency Liaison:	Kathryn L. Crain
New or Returning	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
Liaison Email Address:	KCrain@dmh.lacounty.gov
Liaison Phone Number:	Kathryn L. Crain (310) 519 – 6221
Liaison Fax Number:	(310) 732-5817
Agency ADA Accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If “No” Identify: _____

Student Requirements:

How many positions will you have?	4-6
Beginning and ending dates:	Sept. 2016-June 2017

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):

Monday	
Tuesday	8-6 pm
Wednesday	8-6 pm
Thursday	8-6 pm
Friday	8-6 pm

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

Monday	
Tuesday	
Wednesday- SUP, SM	
Thursday	Staff mtg./ case consultations 8:00 – 12:00 pm
Friday	
Total hours expected to be worked per week:	16-20

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How many clients would the student have at one time?	5
What cultural groups and language services are provided at your site?	Hispanics, African-Americans, Caucasians
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	A full academic year

Provide a short description of your site and services offered:

Intensive services in the community –field services in client’s homes. 100% field based program
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Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input type="checkbox"/> Consultation/Liaison
<input type="checkbox"/> Groups	<input type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input checked="" type="checkbox"/> Families	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Children 0-5	<input type="checkbox"/> FSP
<input type="checkbox"/> Children & Adolescents	<input checked="" type="checkbox"/> FCCS
<input type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input checked="" type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input type="checkbox"/> Court/Probation referred	<input type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input type="checkbox"/> Child-Parent Psychotherapy	<input type="checkbox"/> Seeking Safety
<input type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families Over Coming Under Stress	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify)

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input checked="" type="checkbox"/> Long – Term Treatment	<input checked="" type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

Depression, Anxiety, Delusional D/O, Bi-Polar, Schizoaffective D/O; Schizophrenia.
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What specific training opportunities do students have at your agency?

Monthly multi-disciplinary consultations; monthly in-service by psychiatrist.

What theoretical orientations will students be exposed to at this site?

All-Generalist approach

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Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Nurses, LCSWs, Geriatrician, Psychiatry

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☒

No ☐

List locations where students will be providing services **other than agency**?

In client's homes.

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1	LCSW
Group		
Individual & Group		

Do you have one or more staff, who is licensed by:

☐ California Board of Psychology

☒ California Board of Behavioral Sciences

☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input checked="" type="checkbox"/> Other (specify): Input via preceptor

Selection of Students:

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After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒

No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐

No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐

No ☒

If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

Students with experience working in the field and with an enthusiasm for working with older adults are preferred.

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐

No ☒

If yes, please specify

Please specify dates your agency accepts students _____

Supervision will be in compliance with professional standards established by the following:

☐ APPIC

☐ AAMFT

☒ NASW

☐ Other (specify): _____

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: Name: Kathryn L. Crain Title: Mental Health Clinical Supervisor

Supervisors: Name: Theion Perkins Title: Program Head

Date of Completion: 2/4/16